

seized with a very severe pain in the right side of abdomen low down; she fainted and was unable to walk home. After a week's rest in bed she went out again and was once more seized with this same pain. The first seizure was five weeks after the cessation of the last menstrual period. On examination a large doughy mass was distinctly felt in right side of abdomen and pelvis. I removed it through a median incision. It consisted of a large blood clot surrounded by lymph, upon its upper surface lay the right fallopian tube. On the under surface of the tube was a large irregular shaped opening through which a cavity in the tube communicated with the blood clot. Dr. Wyatt Johnston kindly examined the specimen for me and found chorionic villi. Recovery was rapid and perfect.

Mrs. S., a patient of Dr. Allan of this city, who kindly asked me to see her with him, had a history of tubal disease beginning four years ago, and increasing every six or eight months since then, each attack lasting three to six days. When I saw her she had been ill eight days; her pulse was 120°, temperature normal; attack began with severe pain four weeks after last menstrual period. She complained of severe pain in right hypogastric region. A soft fluctuating mass distinctly felt per vaginam behind and to the right of the uterus. On opening the abdomen clotted blood welled up. The right tube and ovary were seized, a ligature thrown around them close to the uterus and removed. They presented the appearance shown in the drawing made for me at the time by Dr. Springle. The chorion is seen lying at the distal end of the tube. After its removal hemorrhage at once ceased.

Recovery was uneventful and without a bad symptom. In the coagula was found fragments of the yolk sac and parts resembling foetal structures.

In other cases the tube becomes constricted at points and sometimes one or both ends occluded, and these cases have a different history.

The first case that I report was very instructive, and complete as the condition was made out at a post mortem examination, and I can't but think that it represents a class of disastrous cases that are not always recognized, because too often the privilege of a post mortem examination is denied us.